



**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC      ☒ CLEC      ☐ ILEC      ☐ Wireless

**CERTIFICATED COMPANY INFO**

**Comcast Phone of South Carolina, Inc.**

Company Name

215-286-1700

Dbafka

Telephone #

One Comcast Center

Mailing Address

Philadelphia, PA 19103

City, State, Zip Code

4400 Belle Oaks Dr

Business Location

North Charleston, SC 29405

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: CT Corporation

Mailing Address: 75 Beattie Place

Greenville, SC 29601

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

Bill Watson      4400 Belle Oaks Dr North Charleston, SC 29405

A. **General Manager** (Include Address if different than above)

(843) 266-3000      / (843) 266-3002      / bill\_watson@cable.comcast.com

Telephone Number      / Facsimile Number      / E-mail Address

1-800-COMCAST

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

Telephone Number      / Facsimile Number      / E-mail Address

Maria Graham-Baptist      One Comcast Center Philadelphia, PA 19103

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

215-286-4812      /      / maria\_graham-baptist@cable.comcast.com

Telephone Number      / Facsimile Number      / E-mail Address

1-800-COMCAST

C2. **Customer Contact** (Toll Free Number)

David Harris      4400 Belle Oaks Dr North Charleston, SC 29405

D. **Engineering Operations** (Include Address if different than above)

843-266-3153      /      / david\_harris@cable.comcast.com

Telephone Number      / Facsimile Number      / E-mail Address

Douglas Anthony 4400 Belle Oaks Dr North Charleston, SC 29405

E. **Test and Repair** (Include Address if different than above)  
(843) 266-3120 / /douglas\_anthony@cable.comcast.com  
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)  
/ /  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Richard Wolfe 600 Galleria Parkway Atlanta, GA 30339  
**Regulatory Officer** (Include Address if different than above)  
678-385-5178 /678-385-5101 /richard\_wolfe@cable.comcast.com  
Telephone Number / Facsimile Number / E-mail Address  
c/o Tax Partners/Thompson Reuters

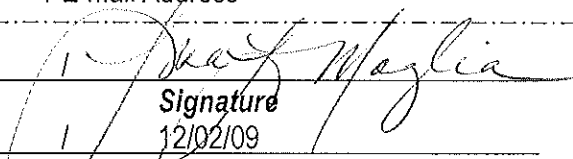
H. **Dual Party Mailings** (Name)  
3100 Cumberland Boulevard, Suite 900, Atlanta, GA 30339  
(Mailing Address)  
877-829-4141 / /  
Telephone Number / Facsimile Number / E-mail Address  
Lisa Moglia

I. **Interim LEC Fund Mailings** (Name)  
One Comcast Center Philadelphia, PA 19103  
(Mailing Address)  
215-286-8667 / 215-286-8414 / lisa\_moglia@cable.comcast.com  
Telephone Number / Facsimile Number / E-mail Address  
Lisa Moglia

J. **Universal Service Fund Mailings** (Name)  
One Comcast Center Philadelphia, PA 19103  
(Mailing Address)  
215-286-8667 / 215-286-8414 / lisa\_moglia@cable.comcast.com  
Telephone Number / Facsimile Number / E-mail Address  
Lisa Moglia

K. **Gross Receipts Mailings** (Name)  
One Comcast Center Philadelphia, PA 19103  
(Mailing Address)  
215-286-8667 / 215-286-8414 / lisa\_moglia@cable.comcast.com  
Telephone Number / Facsimile Number / E-mail Address

Lisa Moglia  
**This form was completed by**  
Director, Telephony Regulation  
**Title**

  
**Signature**  
12/02/09  
**Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201